

NELLIS COMPOSITE SQUADRON - CIVIL AIR PATROL

ACTIVITY NOTIFICATION FORM

PROJECT OFFICER'S NAME:	CONTACT INFORMATION:
ACTIVITY NAME:	INCLUSIVE DATES:
DEPARTURE TIME & PLACE:	
ACTIVITY LOCATION:	
RETURN TIME & PLACE:	
IN AN EMERGENCY CONTACT:	
IS A CAP FORM 60 (Emergency Notification Data) REQUIRED? <i>(Per CAPR 35-2, "Before participating in any CAP special activity away from the local unit where the member may not be known personally, the individual member is responsible for completing one copy of CAPF 60.")</i> <input type="checkbox"/> CAPF 60 IS NOT REQUIRED <input type="checkbox"/> CAPF 60 REQUIRED AND ATTACHED TO THIS FORM	
ACTIVITY REQUIREMENTS & INFORMATION (Uniform, Equipment, Activity Fee, Spending Money, etc...): <div style="height: 150px; border: 1px solid black; margin-top: 5px;"></div>	

----- CUT AND RETURN BOTTOM HALF WITH SIGNATURES TO THE ACTIVITY PROJECT OFFICER -----

RELEASE BY PARENTS OR GUARDIANS FOR (Activity): FOR AND IN CONSIDERATION OF the benefits of (Full name of cadet) _____ Derives by participating in the activity referred to above, I as parent or guardian of said minor child, do hereby for myself, my heirs, executors, and administrators remise, release, and forever discharge the Government of the United States of America, Civil Air Patrol Inc., all officers, directors, employees, and agents, acting officially or otherwise, of both the United States of America and Civil Air Patrol Inc., from any and all claims, actions, or causes of action on account of the death or on account of injury to the cadet which may occur by reason of the activities referred to above. In addition by my signature below, I certify the applicant:	
a. Is my minor child or ward. b. Was born on (Month, Day, Year) _____ c. Has no history of injury or disease which might be affected by the activity except: (If any, explain in detail. Attach sheet if necessary) <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>	
However, In case of injury, disease, or other illness, permission is hereby granted to treat the applicant as required, and if the applicant is released from the activity before recovery from said injury, disease, or illness, further treatment will be provided by myself.	
IN TESTIMONY WHEREOF the undersigned has (have) set his (her) (their) hand to the foregoing this _____ day of _____ 20_____.	
Emergency contact: _____	Phone #: _____
<div style="border-bottom: 1px solid black; height: 20px; margin-top: 20px;"></div> (MOTHER OR LEGAL GUARDIAN)	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 20px;"></div> (DATE)
<div style="border-bottom: 1px solid black; height: 20px; margin-top: 20px;"></div> (FATHER OF LEGAL GUARDIAN)	<div style="border-bottom: 1px solid black; height: 20px; margin-top: 20px;"></div> (DATE)